Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005250	A. BUILDING: _____ B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA SALLE COUNTY NURSING HOME	1380 NORTH 27TH ROAD OTTAWA, IL 61350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.1220b)2) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest	S9999	Attachment A Statement of Licensure Violations	

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practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or

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agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements were not met evidenced by:

Based on observation, interview, and record review, the facility failed to assess an assistive device and implement recommended safety precautions for the prevention of wheelchair slips and falls for one of 5 residents (R7) reviewed for falls, in a sample of 26. This facility failure resulted in R7 sustaining a closed fracture of the right elbow and right hip.

FINDINGS INCLUDE:

The facility policy, Wheelchair Movement and Positioning Assessment, dated 5/31/19 directs staff, "To promote pro action in maintaining resident safety, functionality and comfort for (facility) residents who use wheelchairs. A resident wheelchair movement and positioning assessment will be developed and incorporated. The wheelchair movement and positioning assessment will be completed for all residents who use wheelchairs on at least an occasional basis. The wheelchair movement and positioning assessment will be completed by the Restorative Nurse on the following basis: On admission or readmission to the facility. Quarterly in conjunction with resident ARD (Assessment Reference Date). Significant change of resident's condition and as needed or indicated by (the) resident's condition."

The facility policy, Support Surface and Heel Lift Guidelines (2007) directs staff, "The overall goal of any support surface is to evenly distribute

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pressure over a large area, allowing for blood flow to the skin and its supporting structures. Overall Recommendations: Assess products periodically to ensure they are being utilized per manufacturer's directions and are in good working condition.

The manufacturer's Operations Manual for Dry Flotation Cushioning Products documents (Pg. 3), "Precautions. Product use: This product is designed to be used as a cushioning device (wheel chair) to conform to a user's seated shape to protect skin tissue and aid in the prevention of tissue breakdown. Do not use on top (of) or in conjunction with another cushioning product. A cover is included with every standard cushion to help protect the cushion cells from protruding beyond the wheelchair seat. Because the cover is made with non-skid material, the cushion does not move in the chair. If properly fitted, the cushion will sit flat on the chair (non-skid material on the bottom). Make sure cushioning product is not too big or too small for the chair. Make sure non-skid bottom of the cushion cover is facing down."

R7's current Physician Order Sheet, dated June 2019 includes the following diagnoses: Chronic Combined Systolic Heart Failure; Muscle Weakness; Pain in Left Knee; Abnormal Posture; Lack of Coordination; Rheumatoid Arthritis; Age-Related Physical Debility.

R7's current Minimum Data Set Assessment, dated June 6, 2018 documents under Section G0300 (Functional Status) Balance During Transfers and Walking R7 is unable to move from a seat position to a standing potion, move on and off the toilet or transfer from surface to surface without staff assistance.

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On 06/17/19 at 9:34 A.M., R7 was lying on the floor in (R7's) room, yelling for help. At that time, R7 stated, "The cushion and blanket in my wheel chair shifted when I leaned forward, when I was brushing my teeth. I slipped out of my chair" No anti-slip cover was present over the cushion in R7's wheel chair. R7 was complaining of pain in the right elbow and right hip. R7 was unable to straighten (R7's) right leg or arm. At that time, V3/Registered Nurse/Quality Assurance Performance Improvement Nurse verified there was no anti-slip cover over R7's wheel chair cushion, to prevent R7' from slipping from (R7's) chair.

On 6/17/19 at 10:00 A.M., V2/Director of Nurses stated, "There should always be non-slip material under a wheel chair cushion."

On 6/19/19 at 9:30 A.M., V5/Restorative Nurse stated," (R7's) family brought in that cushion, awhile back. We have not assessed that cushion for placement in R7's wheel chair."

On 6/19/19 at 11:00 A.M., V3/Registered Nurse/Quality Assurance Performance Improvement Nurse stated, "My understanding is (R7's) family brought that cushion in for (R7). It hasn't been assessed for (R7's) wheel chair. That specific cushion comes with a non-slip cover that encases the cushion to prevent slips from a wheelchair. All cushions that are added to a wheel chair are to be evaluated by the therapy department. I don't know why (R7's) cushion was not assessed by therapy."

On 6/19/19 at 1:55 P.M., V6/Daughter/Power of Attorney stated, "The facility has never informed us that the cushion in (R7's) wheelchair required

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S9999	Continued From page 5 a cover with a non-slip backing to help prevent (R7) from falling out of (R7's) wheelchair. If they had, we would have insisted on having that non-slip cover. (R7) has a broken right elbow and a broken right hip and (R7) is 97 years old. The doctor told us it is doubtful (R7) will ever fully recover from those injuries." R7's Emergency Room report, dated 6/17/19 documents,"(R7) is a 97-year-old, who resides at (facility) who fell from (R7's) wheelchair today. (R7) was found to have an impacted femoral neck fracture of the right hip and a complex right elbow fracture with lateral and medial epicondyle fractures and radial head fracture." (B)	S9999		